

State of New Hampshire
Signature Form for Associated Lobbyist
RSA Chapter 15

Use this form to swear or affirm the truth and completeness of
Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist
Statement of Income and Expenses for:

Name of Lobbying partnership, firm, or corporation: Kevin Bourque

Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any
particular client): Pharmaceutical Research and Manufacturers of America (PhRMA)

Date of Report (check one):

April 26, 2017 ☐ July 26, 2017 ☐ October 25, 2017 ☒ January 31, 2018 ☐

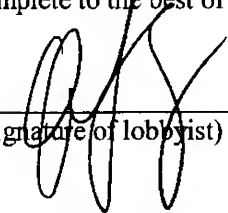
I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and
the following Addendums submitted with that Statement (insert the number of Addendum forms being
submitted):

0 Addendum A(s).

0 Addendum B(s).

1 Addendum C(s).

I hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and
complete to the best of my knowledge and belief.



(Signature of lobbyist)

10/13/17

(Date)

Kevin Bourque

(Print Name of lobbyist)



STATE OF NEW HAMPSHIRE

Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)

P I. Name of Lobbyist(s) Kevin Bourque

L II. Name of lobbyist's partnership, firm or corporation, if any:

A N/A

S (Name of partnership, firm or corporation)

P III. Name of Client Pharmaceutical Research and Manufacturers of America (PhRMA) Date 10/11/2017

R Political Contributions

N For each political contribution that is reportable pursuant to RSA Chapter 664 paid on behalf of the

T client/lobbyist and lobbying firm, indicate the following:

Full name of candidate: Please see attached
(Last Name) (First Name) (Middle Name/Initial)

Amount of contribution \$ _____ Office Candidate is Seeking _____

If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."

Full name of candidate: _____
(Last Name) (First Name) (Middle Name/Initial)

Amount of contribution \$ _____ Office Candidate is Seeking _____

If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."

Full name of candidate: _____
(Last Name) (First Name) (Middle Name/Initial)

Amount of contribution \$ _____ Office Candidate is Seeking _____

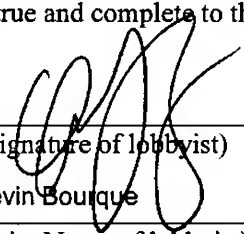
(turn over to continue →)

If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."

(If more than three contributions were made, report additional contributions on separate addendum C forms.)

Sworn Statement/Affirmation by Lobbyist

I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.



(Signature of lobbyist)

Kevin Bourque

(Print Name of lobbyist)

10/13/17

(Date)